

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TITLE OF INVENTION:

SET FOR BLOOD PROCESSING

the specification is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorney(s) and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: George H. Gerstman, Reg. No. 22,419; Garrettson Ellis, Reg. No. 22,792; Alan L. Unikel, Reg. No. 24,142; Harold V. Stotland, Reg. No. 24,492; J. Terry Stratman, Reg. No. 25,165; William J. Hallihan, Reg. No. 39,210 and David L. Newman, Reg. No. 37,196.

Address all telephone calls to Garrettson Ellis at telephone number (312) 269-8518.

Address all correspondence to:

Garrettson Ellis
SEYFARTH SHAW
55 East Monroe Street
Chicago, Illinois 60603
(312) 346-8000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR		INVENTOR'S SIGNATURE	DATE
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POST OFFICE ADDRESS Same as above			
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FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	DATE
G. Keith Andrews			
RESIDENCE		CITIZENSHIP	
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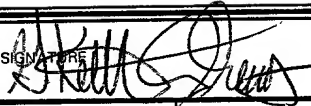
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